

Avoidance of administration costs for infused treatments could offset the higher acquisition cost for deferasirox. Additional data is required to confirm efficacy of other treatments in patients with NTDT.

## PSY8

### THE BUDGET IMPACT OF QUTENZA® FOR THE TREATMENT OF NEUROPATHIC PAIN IN SWEDEN

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**OBJECTIVES:** Neuropathic pain (NP) is a common disorder which can be chronic, severe, and disabling and is associated with reductions in quality of life and considerable costs. Current first-line treatments for NP include tricyclic antidepressants and anti-convulsants. QUTENZA® is a cutaneous patch that allows rapid dermal delivery of capsaicin directly to the source of pain. The objective of this analysis is to estimate the burden of NP, current treatment costs and the budget impact of introducing QUTENZA® for the treatment of peripheral NP in non-diabetic adults in Sweden. **METHODS:** We constructed a budget impact calculator to estimate the impact of introducing QUTENZA® for 100 people in Sweden. Drug costs for each management strategy are annual costs, based on estimated market shares, and range from SEK 231 to SEK 5,806 (with SEK 3,909 for QUTENZA®). We assumed a 50% uptake of QUTENZA® and a 50% reduction in the use of concomitant medication in the model, based on evidence from real-world data. **RESULTS:** For a NP population of n=100, the cost of current prescribing was estimated at SEK 1.00 million. The cost of alternative prescribing including QUTENZA® was estimated at SEK 1.01 million. The annual cost of treating a patient with QUTENZA® was estimated at SEK 11,941. The estimated cumulative budget impact by year (for 100 patients, with the market share rising from 10% in Year 1 to 100% in Year 5) ranged from SEK 9,664 in Year 1 to SEK 67,949 in Year 5. **CONCLUSIONS:** The introduction of QUTENZA® results in a budget impact of SEK 67,949 for 100 patients over 5 years. This represents a minimal additional expenditure and could be considered good value for money given the added benefits for patients with NP in Sweden.

## PSY9

### PHARMACOECONOMIC ANALYSIS OF ANTI-INHIBITOR COAGULANT COMPLEX (AICC) IN THE TREATMENT OF INHIBITOR HEMOPHILIA

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**OBJECTIVES:** To identify the dominant scheme of inhibitor hemophilia bypassing agents therapy (comparing three regimens: Eptacog alfa monotherapy, combination therapy «Eptacog alfa + AICC» and «AICC + Eptacog alfa»). **METHODS:** Based on the crossover clinical research FENOC (Jan Astermark, Sharyne M., Donfield, 2007) the annual cost of treatment by bypassing agents in mild, moderate, severe and life-threatening bleeding is estimated. The analysis of the direct and indirect costs is conducted. Direct costs include the cost of bypassing agents therapy, the cost of emergency medical care, the cost of inpatient and outpatient treatment. Indirect costs include cost of patient's disability, GDP losses caused by mortality and disability, and sick-pay. Value of bypassing agents on demand therapy in three dosing schemes is identified: monotherapy Eptacog alfa (there is no alternative treatment), «Eptacog alfa + AICC» (after the first episode of bleeding no response patients to treatment from Eptacog alfa to AICC transferred) and «AICC + Eptacog alfa» (after the first episode of bleeding no response patients to treatment from AICC to Eptacog alfa transferred). **RESULTS:** Based on the clinical study FENOC, indicated that there is no significant difference in efficacy AICC and Eptacog alfa therapy in patients susceptible to this treatment. An analysis of the direct and indirect costs shows that the costs of the annual course of treatment of 142 patients in Russia are 66 mil EUR, 60,7 mil EUR and 53,1 mil EUR for treatments Eptacog alfa monotherapy, «Eptacog alfa + AICC» and «AICC + Eptacog alfa» schemes respectively. **CONCLUSIONS:** It is determined that the regimen «AICC + Eptacog alfa», will reduce reduces costs relative to the current treatment regimen for 12,9 mil EUR (19,54%) or provide additionally treat of 34 patients of this disease.

## PSY10

### POTENTIAL FINANCIAL IMPACT OF SUGAMMADEX IN ANAESTHETIC DEPARTMENTS: A BUDGET IMPACT ANALYSIS ON POTENTIALLY SHORT PROCEDURES REQUIRING NEUROMUSCULAR BLOCKADE

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**OBJECTIVES:** To evaluate the economic impact on Italian NHS of using sugammadex within anaesthetic departments instead of neostigmine. **METHODS:** The number of procedures using neuromuscular blockings agents (NMBA) potentially eligible for sugammadex was elaborated by hospital discharge data available in Italy for the year 2010. Reduction in postoperative residual curarisation (PORC) rate and saved time allocated to extra procedures were taken from two recent meta-analyses. Costs considered in the analysis were drugs acquisition costs (sugammadex and neostigmine) and PORC management costs. **RESULTS:** Overall annual costs of sugammadex and neostigmine usage result about 34.5 and 31.6 Million Euro, respectively. Sugammadex prevents 99% of PORC episodes on 428,995 procedures; this is associated with savings of more than 30 Million Euro. Also the saved time in surgery procedures due to sugammadex results in an annual savings of 154,867 (36.1%) hours that could be used for further procedures. **CONCLUSIONS:** Sugammadex radically reduces PORC episodes during post-operative and it allows for shorter operating room occupation.

## PSY11

### THE BUDGET IMPACT ANALYSIS OF DEFERASIROX FOR THE TREATMENT OF IRON OVERLOAD DUE TO FREQUENT BLOOD TRANSFUSIONS IN CHILDREN AND ADOLESCENTS (AGE ≤18 YEARS)

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**OBJECTIVES:** The purpose of the budget impact analysis (BIA) was to estimate financial consequences of deferasirox (DSX) reimbursement within the health care treatment programme (HTP) on the budget of the National Health Fund (NHF) in Poland. **METHODS:** BIA was performed for a 2-year time horizon (July 2012 - June 2014) from the Polish public payer perspective. The target population qualified to the HTP programme were children and adolescents (age ≤18 years) with iron overload due to frequent blood transfusions. The population was estimated on the basis of medical expert opinion. Two scenarios were compared: the “existing scenario” – without reimbursement of DSX (only standard of care with deferoxamine (DFO) was available) and the “new scenario” – DSX reimbursed as part of HTP. In the analysis, only direct medical costs were included: costs of drugs and their administration, costs of monitoring and costs of blood transfusions. It was assumed that the cost of deferoxamine was included in the cost of hospitalization procedures related to chelation therapy. Due to the lack of available data on adverse events (AE) incidence during therapy with deferasirox or deferoxamine, the costs of AE's treatment were not considered. The calculations were performed in Microsoft Office Excel. **RESULTS:** NHF annual expenditures related to the introduction of deferasirox reimbursement will increase by PLN 454 thousand in the first year and by PLN 434 thousand in the second year of reimbursement compared with the “existing scenario.” **CONCLUSIONS:** The positive reimbursement decision for DSX enables patients with iron overload access to safe and effective therapy. Deferasirox therapy will allow young patients to go back to normal functioning in their families and in society. The positive reimbursement decision will also contribute to improving the quality of life, self-esteem and emotional state of the patients.

## PSY12

### PHARMACOECONOMIC STUDY OF NUTRITION SUPPORT (NS) USAGE DURING INTENSIVE TREATMENT

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**OBJECTIVES:** To undertake a comparative analysis of 2 methodologies of intensive treatment (IT), precisely: IT without NS and IT taking into account NS handling. **METHODS:** Pharmacoeconomic analysis “budget impact” was provided. Only direct costs were taken into account: expenses for drug therapy, hospitalization (intensive care unit and medical division) and late complications (pneumonia, sepsis, catheter and wound infection) treatment. Effectiveness data was taken from Russian clinical trial: Popov T.S., Shestopalov A.E., Tsvetkov D.S., Nechaev D.S., Kuz'min M.A. Nutrition Day in intensive care units of the Russian Federation. National association of parenteral and enteral nutrition – Moscow (Russia), 2011. Four types of NS were compared: IT without NS; IT + enteral nutrition (EN); IT + parenteral nutrition (PN) and IT + combined nutrition (CN). **RESULTS:** When carrying out comparative pharmacoeconomic study all calculations were made for 3 groups of patients depending on their health condition: lightly-severe, moderately severe and severe. According to the results of calculations transfer of patients from IT without NS to IT carrying out NS leads to reduction of total expenses, therefore economy of money for the state. Independent from patient health condition – the greatest economy of money arises when EN is used during IT. Further on degree of expressiveness of positive economic effect there is PN and the least NS economic type is CN. **CONCLUSIONS:** The results received during the study were analyzed and the rating of NS types, which were taking part in the research, from the point of view of their clinical efficiency and economic effectiveness for the state budget, was made.

## PSY13

### A BUDGET IMPACT MODEL FOR NOVOSEVEN FOR THE MANAGEMENT OF BLEEDING EPISODES IN PATIENTS WITH HAEMOPHILIA A TREATED WITH INHIBITORS

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**OBJECTIVES:** To demonstrate the economic impact of using NovoSeven compared to Feiba for the initial treatment of mild to moderate bleeding episodes in patients with haemophilia A with inhibitors. **METHODS:** A budget impact model was developed based on a previous economic evaluation to calculate the annual budget impact and the treatment cost per episode according to the different treatment strategies. The model presents the costs of the strategies to treat a mild to moderate bleeding episode with up to three lines of treatment, in which the impact parameters are the weight of the patient, the dose, the efficacy and the costs of medication and administration. Three treatment strategies were used: strategy 1: NovoSeven - NovoSeven - NovoSeven, strategy 2: Feiba - NovoSeven - NovoSeven and strategy 3: Feiba - Feiba - NovoSeven. Costs per episode and annual costs were calculated based on local input data on costs and resources and the perspective used was of the Spanish National Health Service (NHS). **RESULTS:** Total costs per patient for one bleeding episode were €10,253, €11,852 and €12,042 for strategies 1, 2 and 3, respectively. Lower total costs per patient with NovoSeven are due to a reduced need for further treatment and associated hospitalisation. Only using NovoSeven saves €23,985 compared to strategy 2 and €26,842 compared to strategy 3 annually. **CONCLUSIONS:** The use of NovoSeven in all three lines of treatment in patients with in haemophilia A compared to using Feiba in the first line of treatment and in the first and second line of treatment saves €1,599 and €1,789 respectively per bleeding episode. This is mainly due to reduced need for further treatment and associated hospitalisation with NovoSeven. Annual cost savings using only NovoSeven are the consequence of lower drug cost and higher treatment efficacy with NovoSeven.

## PSY14

### PHARMACOECONOMIC EVALUATION OF INTRAVENOUS FERRIC CARBOXYMALTOSE AND IRON SUCROSE IN CORRECTION OF PREOPERATIVE ANAEMIA IN PATIENTS UNDERGOING MAJOR ELECTIVE SURGERY

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